

Revised 10/99

SHERIFF'S OFFICE

SUPPORT STAFF EMPLOYMENT APPLICATION FORM

The Sheriff's Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

NOTICE: Attach a certified copy of high school diploma or approved G.E.D. to this application.

COUNTY

DATE:

POSITION APPLYING FOR:

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

PERSONAL HISTORY

1. Full Name:

Last Name First Middle Abbv.

Residence Address

City County State Zip Code

() ()

Telephone Number (Home)

(Other)

2. Other: List all other names you have used including circumstances and time periods you used them. (For example: former name(s), alias(es), or nickname(s)).

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.

3. If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Social Security Number: _____

4. Place of Birth:

City County State Country (if not the United States)

5. Are you a United States citizen? Yes No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

6. Do you have or have you ever applied for a passport? Yes No Passport No. _____

7. Can you travel if your job requires it? Yes No

8. Have you ever filed an application with us before? Yes No

9. Have you ever been employed by us before? Yes No

10. Height: _____ Weight: _____

EDUCATION/TRAINING

1.	High School Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
		From	To			

2.	*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
		From	To	Qtr.	Sem.		

*Attach diploma or official transcript from last institution of higher education attended.

Major _____ Minor _____

3. Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

5. Indicate any foreign languages you can Speak:

Read:

Write:

Fluent	Good	Fair

6. Indicate any law enforcement education/training and any type of special licenses such as pilot, radio operator, etc.:

7. If you received a certificate or license for this training, indicate where license issued and date current license expires.

Certificate/License Number: _____

8. Describe any word processing or computer skills and list all software used:

9. State approximate number of words per minute: Typing _____ Shorthand _____

10. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers):

11. May we contact your present employer? Yes No

12. On what date are you available for work? _____

13. Are you available to work Full Time Part Time Shift Work Nights or Weekends?

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked Mo./Yr.		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						
Name				<input type="checkbox"/> Full <input type="checkbox"/> Part-time		
Address						
City, State, Zip						
Area Code & Phone No.						

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes No

3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No If yes to question #2 or #3, please provide details.

4. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes No If yes, please provide name of agency and date of application or service.

5. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No

6. Does this business do business with the Sheriffs Office or County? Yes No If yes to question #5 or #6, please provide name and address of business, corporation or organization and describe your relationship or position.

RESIDENCES

1. Actual places of residence for past three (3) years – list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates Mo./Yr.		Apt. No.	Street Address	City	County	State
From	To					

ARREST HISTORY/COURT DATA

1. Have you ever been convicted of a felony? Yes No
2. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? Yes No
3. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No
If yes to questions #1, #2 or #3, please provide details.

4. Have you or your spouse ever been a plaintiff or a defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

DRIVING HISTORY

Answer if you will be required to operate a vehicle as part of your job.

1. Are you a licensed Florida automobile operator or chauffeur? Yes No License No.: _____
Date of Expiration: _____ Restrictions: _____
2. Do you hold or have you ever held an operator or chauffeur license in another state? Yes No If yes, please provide state(s), name used and approximate dates license(s) was/were held.
3. Have you received during the past five (5) years a ticket or been charged with a traffic violation? Yes No

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No
If yes to questions #2, #3 or #4, please provide complete details including why license was revoked or the disposition of the charge.

5. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes No If yes, please provide complete details.

MILITARY HISTORY

1. Are you registered for Selective Service? Yes No

If yes, your Selective Service Number: _____

Classification: _____ Date of Classification: _____

Address of Local Board: _____

2. Have you ever served in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Active Duty Dates: From: _____ To: _____ From: _____ To: _____

3. Date of Discharge: _____

4. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No

5. If yes state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

6. Was any type of disciplinary action taken against you in the service? Yes No If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

PERSONAL REFERENCES & ACQUAINTANCES

Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past three (3) years. If retired, give former occupation.

Complete Name		Home Address: _____
(Last, First, Middle)		City & State: _____
Yrs. Acq.	Occupation	Home Phone: () _____
Business Address: _____		City & State: _____
Business Phone: () _____		

Complete Name		Home Address: _____
(Last, First, Middle)		City & State: _____
Yrs. Acq.	Occupation	Home Phone: () _____
Business Address: _____		City & State: _____
Business Phone: () _____		

Complete Name		Home Address: _____
(Last, First, Middle)		City & State: _____
Yrs. Acq.	Occupation	Home Phone: () _____
Business Address: _____		City & State: _____
Business Phone: () _____		

ORGANIZATION MEMBERSHIP

1. List all professional, trade businesses or civil activities and offices held:

Name	City & State	Present (list position held & describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

3. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No If yes to question #2 or #3, explain including name of organization and location.

7. Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

Name

Address

City

State

Zip Code

()

Business Phone

I understand that the "Applicants Certification" applies in all respects to the responses provided in numbers 1-7 above in this "Confidential Employee History."

Signature of the applicant as usually written

Date

Witnessed by:

APPLICANT'S CERTIFICATION

I understand that my employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I may be fingerprinted. I understand that this employment application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

I further understand and agree that my employment will be contingent upon the results of a complete drug test.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment.

I understand and agree that any employment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the Sheriff has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

I understand that unless otherwise defined by applicable law, any employment relationship with this office is "at will", which means that the employer may discharge me at any time with or without cause and that this "at will" relationship may not be changed unless authorized in writing by the Sheriff.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment with the Sheriff's Office and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? Yes No
If yes, provide your version or explain fully any such incident.

Signature of the applicant as usually written

Date

Witnessed by:

PERSONAL INQUIRY WAIVER
Authority for Release of Information

TO: Concerned Person or
Authorized Representative of
Any Organization, Institution
or Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____

I respectfully request and authorize you to furnish the _____ Sheriff's Office any and all information that you may have concerning my work record, school record, military record, reputation, and financial and credit status. Please include any and all reports including all information of a confidential or privileged nature, and photostats of same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the Sheriff's Office.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

Applicant's Signature

Date

Address

City State Zip Code

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF _____

Subscribed and sworn to (or affirmed) before me on _____ (date) by _____

(name of affiant). He/She is personally known to me or has presented _____
(type of identification) as identification.

(SEAL)

Signature _____

Name _____

Title NOTARY PUBLIC _____

Commission No.: _____ Expires: _____